



**FOND DU LAC COUNTY**

**GROUP#: 76-440020**

**2018 HEALTH CLUB REIMBURSEMENT FORM**

NAME: \_\_\_\_\_

UMR MEMBER ID#: \_\_\_\_\_

FITNESS CENTER: \_\_\_\_\_

**REIMBURSEMENT**

AMOUNT: ☐ \$200.00 – Maximum for Covered Employee

FORWARD TO: WCA Group Health Trust  
Attn: Amy Wald  
18550 West Capitol Drive  
Brookfield, WI 53045

OR FAX TO: WCA Group Health Trust  
262-781-0026

***(BE SURE TO ATTACH RECEIPT FROM FITNESS CENTER SHOWING  
SINGLE OR FAMILY MEMBERSHIP PAYMENT, NO CONTRACTS PLEASE!)***

***\*\* Please note that your health club reimbursement payment takes about 2-3 weeks to  
receive and will be attached to your Explanation of Benefit from UMR \*\****